

Secure Care Classroom Observation

CO

PEA_____ STUDENT_____ ID/SAIS #_____

TEACHER _____ MONITOR_____ DATE_____

Using the IEP, list the student needs found in the present levels of academic achievement and functional performance (PLAAFP), IEP goals, services, adaptations, and supports.

PLAAFP

Goals

Services/Adaptations/Supports

Record your observational notes

Is the student receiving services in the setting indicated on the IEP? **Y N**

Is the student receiving services/adaptations/supports as indicated on the IEP? **Y N**

Is there an alignment between present levels, goals, and services on the IEP? **Y N**

If there is not a clear correlation between the needs, goals, and services listed on the IEP, ask the teacher about the discrepancies.

	For ESS use Only
1. Based upon the classroom observation and the documentation included on the IEP, are services being provided as described in the IEP? If this item is OUT indicate if Some [] None [] were provided	I_____ O_____ U_____ IV.A.1